

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Felisa C. Clark**

Mailing Address 2124 SW 170th St

City

Burien

State

WA

Zip Code

98166-3348

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 29 / 2015

**Transaction ID : SA11AI.4816**

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Ms. Carolyn C. Clift**

Mailing Address 6402 Hampton Dr

City

Anchorage

State

AK

Zip Code

99504-4534

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

245.00

Date of Receipt

01 / 30 / 2015

**Transaction ID : SA11AI.4833**

Amount of Each Receipt this Period

195.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Kelvin Contreary**

Mailing Address 1 Wren St

City

New Orleans

State

LA

Zip Code

70124-4121

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Medical Doctor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 08 / 2015

**Transaction ID : SA11AI.4906**

Amount of Each Receipt this Period

1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1445.00